



*Respiratory Care Board of California*  
444 North 3<sup>rd</sup> Street, Suite 270, Sacramento, CA 95814  
Telephone: (916) 323-9983 Toll Free: (866) 375-0386 Fax: (916) 323-9999  
Website: www.rcb.ca.gov E-mail: rcbinfo@dca.ca.gov



## Part 1

## Renewal Notice

This renewal must contain ALL information that is requested and required on your application. Your license will not be renewed until ALL requirements have been met. For assistance in completing the application, or if you have any questions, please contact the RCB. PRACTICING RESPIRATORY IN THE STATE OF CALIFORNIA WITHOUT A VALID AND CURRENT LICENSE IS UNLICENSED PRACTICE AND PUNISHABLE BY LAW .

Type	License #	License Expires	Renewal Fee Paid	Date Renewal Mailed	Your Check #
RCP					

### INSTRUCTIONS FOR RENEWAL (PLEASE READ CAREFULLY)

- A. Check the box next to ACTIVE if you have completed the required continuing education units and wish to renew your license on an active status.
- B. Check the box next to INACTIVE if you wish to maintain your license on a non-practicing status. In order to apply for inactive status your license must be current and valid and the required renewal fees must be paid. Practitioners wishing to renew on inactive status are not required to meet the continuing education requirement at the time of renewal, provided the renewal is not delinquent. In addition, renewal fees must continue to be paid to avoid cancellation of your license. To reactivate an inactive license, please contact the Respiratory Care Board for legal procedures.
- C. Indicate the total number of continuing education hours you have completed for this two-year renewal period. Please see the enclosed insert regarding continuing education requirements.
- D. This section requires both your signature and the date.
- E. Complete this section with your name and address. ALL changes of address must be reported immediately in writing. Failure to inform the RCB in writing of your current address may result in the expiration and or cancellation of your license.
- F. Check the box next to YES if you have been convicted of any crime since your last renewal as required by Business & Professions Code Sec.3773.
- G. Check the box next to NO if you have not been convicted of any crime since your last renewal.
- H. If renewing on active status, this chart must be completed including the continuing education course name, the date of completion, and the number of contact hours earned for each course. You are required to maintain continuing education records for four years.
- I. Complete this section by providing the name, address and telephone number of your employer. If you have more than one employer please list the same information on the reverse side of Part 2 of the application.
- SSN: ONLY IF YOUR SOCIAL SECURITY NUMBER (SSN) IS INCORRECT OR ABSENT, ENTER YOUR CORRECT SSN HERE. Disclosure of your SSN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC 405 (c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, your application for renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Please proofread your SSN as printed below.
- FEE: Submit the appropriate renewal fee in the form of a check or money order for each renewal. Checks are made payable to the RESPIRATORY CARE BOARD OF CALIFORNIA (RCB). Checks that are returned to the Board as unpaid will incur a \$15 service fee and all future payments will be required in the form of a money order or cashier's check. Your license expires at 12:00 AM following the expiration date if you failed to renew your license. Once your license has expired, you do NOT have authority to practice respiratory care until such time the renewal fee, delinquent fee and COMPLETE renewal application have been received and POSTED. Bear in mind, that the processing time to renew a license and post such takes 3 to 6 weeks.

**RETAIN PART 1 FOR YOUR RECORDS. ALLOW 6-8 WEEKS FOR PROCESSING YOUR RENEWAL.**

RETURN PART 2 and PART 3 ALONG WITH RENEWAL PAYMENT.

**Part 2**

H.

Completion Date

Course Name

Contact Hours

TOTAL -----  
(Transfer Total to Part 3)

Respiratory Care Board  
444 N. 3<sup>RD</sup> Street, Suite 270  
Sacramento, CA 95814

7600 RCP #

I. EMPLOYER INFORMATION

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**Part 3**

LICENSE RENEWAL APPLICATION RESPIRATORY CARE PRACTITIONER **SSN:** \_\_\_\_\_

**CONTINUING EDUCATION** Please read instructions on Part 1

I SUCCESSFULLY COMPLETED THE HOURS OF CONTINUING EDUCATION REQUIRED FOR RENEWAL. I COMPLETED A TOTAL OF (C:) \_\_\_\_\_ HOURS OF CE DURING THE LAST TWO YEARS.

**CONVICTIONS:** Since you last renewed your license, have you been convicted of, diverted for, or pled guilty or nolo contendere/no contest to any violation of any law of any state, the United States or a foreign country? You must disclose all misdemeanors and felonies (including but not limited to Civil, Welfare, Health and Safety, Vehicle, or Penal Code Convictions / Diversions) and any conviction which has been dismissed under Section 1203.4 of the Penal Code, or any similar provision of law in another state, the United States or a foreign country. (F:) YES ☐ (G:) NO ☐

I SWEAR UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

D. Print Name

Date

Signature

RCP #

License Expires

Amount Due \*

License Status - ACTIVE

IF YOU WISH TO CHANGE YOUR STATUS PLEASE CHECK ONE OF THE FOLLOWING BOXES. **A.** ( ) ACTIVE **B.** ( ) INACTIVE

Name and Address

E. Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HAS YOUR NAME OR ADDRESS CHANGED SINCE YOUR LAST RENEWAL? **A.** ( ) YES **B.** ( ) NO

\* TO ENSURE ABSOLUTE AMOUNT DUE, PLEASE CONTACT THE RCB (916) 323-9983 PHONE OR (866) 375-0386 TOLL FREE